SECOND REGULAR SESSION SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 583

95TH GENERAL ASSEMBLY

Reported from the Committee on Small Business, Insurance and Industry, February 18, 2010, with recommendation that the Senate Committee Substitute do pass and be placed on the Consent Calendar.

3574S.04C

TERRY L. SPIELER, Secretary.

AN ACT

To repeal section 376.1109, RSMo, and to enact in lieu thereof two new sections relating to the refund of unearned premiums on certain cancelled insurance policies.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 376.1109, RSMo, is repealed and two new sections

- 2 enacted in lieu thereof, to be known as sections 376.882 and 376.1109, to read as
- 3 follows:

376.882. 1. If a Medicare supplement policy issued, delivered, or

- 2 renewed in this state on or after January 1, 2011, is cancelled for any
- 3 reason, the insurer shall refund the unearned portion of any premium
- 4 paid beyond the month in which the cancellation is effective. Any
- 5 refund shall be returned to the policyholder within twenty days from
- 6 the date the insurer receives notice of the cancellation.
- 7 2. The policyholder may notify the insurer of cancellation of such
- 8 Medicare supplement policy by sending verbal, written, or electronic
- 9 notification.

376.1109. 1. The director may adopt regulations that include standards

- 2 for full and fair disclosure setting forth the manner, content and required
- 3 disclosures for the sale of long-term care insurance policies, terms of renewability,
- 4 initial and subsequent conditions of eligibility, nonduplication of coverage
- 5 provisions, coverage of dependents, preexisting conditions, termination of
- 6 insurance, continuation or conversion, probationary periods, limitations,
- 7 exceptions, reductions, elimination periods, requirements for replacement,
- 8 recurrent conditions and definitions of terms. Regulations adopted pursuant to
- 9 sections 376.1100 to 376.1130 shall be in accordance with the provisions of

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10 chapter 536, RSMo.

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- 11 2. No long-term care insurance policy may:
- 12 (1) Be canceled, nonrenewed or otherwise terminated on the grounds of 13 the age or the deterioration of the mental or physical health of the insured 14 individual or certificate holder; or
- (2) Contain a provision establishing a new waiting period in the event existing coverage is converted to or replaced by a new or other form within the same company, except with respect to an increase in benefits voluntarily selected by the insured individual or group policyholder; or
- 19 (3) Provide coverage for skilled nursing care only or provide significantly 20 more coverage for skilled care in a facility than for lower levels of care.
- 3. No long-term care insurance policy or certificate other than a policy or certificate thereunder issued to a group as defined in paragraph (a) of subdivision (4) of subsection 2 of section 376.1100:
- 24 (1) Shall use a definition of preexisting condition which is more restrictive 25 than the following: "Preexisting condition" means a condition for which medical 26 advice or treatment was recommended by, or received from, a provider of health 27 care services, within six months preceding the effective date of coverage of an 28 insured person;
- 29 (2) May exclude coverage for a loss or confinement which is the result of 30 a preexisting condition unless such loss or confinement begins within six months 31 following the effective date of coverage of an insured person.
 - 4. The director may extend the limitation periods set forth in subdivisions
 (1) and (2) of subsection 3 of this section as to specific age group categories in specific policy forms upon findings that the extension is in the best interest of the public.
 - 5. The definition of preexisting condition provided in subsection 3 of this section does not prohibit an insurer from using an application form designed to elicit the complete health history of an applicant, and, on the basis of the answers on that application, from underwriting in accordance with that insurer's established underwriting standards. Unless otherwise provided in the policy or certificate, a preexisting condition, regardless of whether it is disclosed on the application, need not be covered until the waiting period described in subdivision (2) of subsection 3 of this section expires. No long-term care insurance policy or certificate may exclude or use waivers or riders of any kind to exclude, limit or reduce coverage or benefits for specifically named or described preexisting

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46 diseases or physical conditions beyond the waiting period described in subdivision

47 (2) of subsection 3 of this section.

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- 48 6. No long-term care insurance policy may be delivered or issued for delivery in this state if such policy:
- 50 (1) Conditions eligibility for any benefits on a prior hospitalization 51 requirement; or
- 52 (2) Conditions eligibility for benefits provided in an institutional care 53 setting on the receipt of a higher level of institutional care; or
- 54 (3) Conditions eligibility for any benefits other than waiver of premium, 55 post-confinement, post-acute care or recuperative benefits on a prior 56 institutionalization requirement.
 - 7. A long-term care insurance policy containing post-confinement, post-acute care or recuperative benefits shall clearly label in a separate paragraph of the policy or certificate entitled "Limitations or Conditions on Eligibility for Benefits" such limitations or conditions, including any required number of days of confinement.
- 8. A long-term care insurance policy or rider which conditions eligibility of noninstitutional benefits on the prior receipt of institutional care shall not require a prior institutional stay of more than thirty days.
- 9. No long-term care insurance policy or rider which provides benefits only following institutionalization shall condition such benefits upon admission to a facility for the same or related conditions within a period of less than thirty days after discharge from the institution.
- 10. The director may adopt regulations establishing loss ratio standards for long-term care insurance policies provided that a specific reference to long-term care insurance policies is contained in the regulation.
- 7211. Long-term care insurance applicants shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium 73 refunded if, after examination of the policy or certificate, the applicant is not 74satisfied for any reason. Long-term care insurance policies and certificates shall 75have a notice prominently printed on the first page or attached thereto stating 76 in substance that the applicant shall have the right to return the policy or certificate within thirty days of its delivery and to have the premium refunded 7879 if, after examination of the policy or certificate, other than a certificate issued pursuant to a policy issued to a group defined in paragraph (a) of subdivision (4) 80 of subsection 2 of section 376.1100, the applicant is not satisfied for any

reason. This subsection shall also apply to denials of applications and any refundmust be made within thirty days of the return or denial.

12. (1) If a long-term care insurance policy issued, delivered, or renewed in this state on or after January 1, 2011, is cancelled for any reason, the insurer shall refund the unearned portion of any premium paid beyond the month in which the cancellation is effective. Any refund shall be returned to the policyholder within twenty days from the date the insurer receives notice of the cancellation. Long-term care insurance policies and certificates shall have a notice prominently printed on the first page or attached thereto stating in substance that the applicant shall be entitled to a refund of the unearned premium if the policy is cancelled for any reason.

(2) The policyholder may notify the insurer of cancellation of such long-term care insurance policy at anytime by sending verbal, written, or electronic notification.

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